



Transfer Admission Guarantee (TAG)

(Please use black or blue ink and PRINT CLEARLY.)

Current California Community College: _____

Check the box(es) of the UC campus(es) to which you plan on applying and list a proposed major.

CAMPUS	MAJOR	CAMPUS	MAJOR
<input type="checkbox"/> DAVIS		<input type="checkbox"/> RIVERSIDE	
<input type="checkbox"/> IRVINE		<input type="checkbox"/> SANTA BARBARA	
<input type="checkbox"/> MERCED		<input type="checkbox"/> SANTA CRUZ	
<input type="checkbox"/> SAN DIEGO*			

* Please rank the UCSD colleges in order of preference (1-6): ___Sixth ___Roosevelt ___Marshall ___Warren ___Revelle ___Muir

PERSONAL INFORMATION:

Full Legal Name

Last Name _____ First Name _____ Middle Name _____

Previous Name on Records (if different from legal name)

Last Name _____ First Name _____ Middle Name _____

Current Mailing Address

Street (Number & Name) _____ Apt# _____ City _____ State _____ Zip _____

Birthdate / / E-mail Address _____ Phone () _____
(mm/dd/yyyy) Area Code Number

ADDITIONAL INFORMATION:

Indicate the term and year (e.g., Fall 2009) you plan to transfer: Fall 20____ Winter 20____ Spring 20____

At time of transfer, will you be a U.S. citizen or permanent resident? Yes No

If no, do you hold a non-immigrant visa? Yes No

Date of high school graduation or equivalent (MM/YYYY): _____ / _____

Did you attend high school outside the U.S.? Yes No

If yes, what country? _____ Language of instruction: _____

Have you earned a baccalaureate or higher degree, including any outside the U.S.? Yes No

Do we have your permission to talk to your current school counselor? Yes No

List ALL colleges/universities you have attended or will attend before enrolling at the University:

COLLEGE/UNIVERSITY NAME	CITY	STATE	DATES ATTENDED (MM/YYYY)	
			BEGINNING	ENDING
			/	/
			/	/
			/	/
			/	/
			/	/
			/	/

Check this box if following high school graduation you were NOT enrolled in a college/university for one or more terms. Please explain any gaps in your college enrollment: _____

Transfer Admission Guarantee (continued)

List any Advanced Placement (AP) / International Baccalaureate (IB) examinations you have taken:

EXAM NAME	TEST DATE (MM/YYYY)	SCORE	EXAM NAME	TEST DATE (MM/YYYY)	SCORE
	/			/	
	/			/	

UNITS:

At the time you are signing this TAG agreement, you have completed ____ . ____ UC-transferable semester/quarter (circle one) units with UC-transferable GPA of ____ . ____.

Attach copies of transcripts for all previously completed college coursework to this agreement. List below the courses you are taking now and those you plan to take:

COURSES IN PROGRESS			COURSES PLANNED			COURSES PLANNED		
TERM	YEAR (YYYY)		TERM	YEAR (YYYY)		TERM	YEAR (YYYY)	
<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER			<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER			<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER		
COLLEGE/UNIVERSITY NAME			COLLEGE/UNIVERSITY NAME			COLLEGE/UNIVERSITY NAME		
DEPT./ COURSE NO.	COURSE TITLE	UNITS	DEPT./ COURSE NO.	COURSE TITLE	UNITS	DEPT./ COURSE NO.	COURSE TITLE	UNITS
TOTAL UNITS			TOTAL UNITS			TOTAL UNITS		

I hereby certify that the information I have provided includes all courses/units from all postsecondary institutions I have attended. I am aware that this agreement is null and void if it is found that the information I have provided is incomplete or inaccurate. I understand that I am responsible for completing all requirements on the TAG signed by the UC representative.

Student Signature

____ / ____ / ____
Date (MM/DD/YYYY)

Community College Counselor/Transfer Center Director Signature

____ / ____ / ____
Date (MM/DD/YYYY)

TAG REQUIREMENTS (TO BE COMPLETED BY UC ADMISSIONS):

By the end of the _____ term prior to UC enrollment, the student is required to complete _____ additional UC-transferable semester/quarter (circle one) units.

UC-transferable GPA required for all UC-transferable units taken prior to transfer enrollment: _____

All courses in progress/planned, in addition to the required courses noted below, must be completed with grades of C or higher, unless otherwise specified, by the end of _____
Term Year (YYYY)

English Composition Courses (UC-E)		
Math Course (UC-M)		
Major Courses Required		
Other		

DECISION: APPROVED NOT APPROVED

UC Admissions Representative UCD UCI UCM UCR UCSB UCSD UCSC

____ / ____ / ____
Date (MM/DD/YYYY)